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On March 14, 2003

TOWNSEND and TOWNSEND and CREW LLP

By: Jennifer Dolan



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Keith Lurie

Application No.: 09/967,029

Filed: September 28, 2001

For: SYSTEMS AND METHODS TO
FACILITATE THE DELIVERY OF
DRUGS

Examiner: Patel, Mital B.

Art Unit: 3761

SUPPLEMENTAL INFORMATION
DISCLOSURE STATEMENT UNDER 37
CFR §1.97 and §1.98

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

The reference cited on attached form PTO/SB/08A and PTO/SB/08B is being called to the attention of the Examiner. A Copy of the reference is enclosed.

Also enclosed is a copy of the Search/Examination report corresponding to the PCT application.

It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no

PATENT
Attorney Docket No.: 016354-004500US

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representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

This IDS is being filed before the mailing date of the final Office Action or Notice of Allowance.

CERTIFICATION

I hereby certify that each item of information contained in this Information Disclosure Statement was first cited in any communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of this statement.

Applicant believes that no fee is required for submission of this statement. However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,



Patrick M. Boucher
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| | | | |
|--|-----------------------------|-------------------------------|-----------------|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | Application Number | 09/967,029 | |
| | Filing Date | September 28, 2001 | |
| | First Named Inventor | Keith Lurie | |
| | Group Art Unit | 3761 | |
| | Examiner Name | Mital B. Patel | |
| Total Number of Pages in This Submission | | Attorney Docket Number | 016354-004500US |

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| ENCLOSURES (check all that apply) | | |
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement Under 37 CFR §1.97 and §1.98 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Notification of Missing Requirements Under 35 U.S.C. §371 <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Postcard <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Copy of one (1) cited references. Copy of the Search/Examination report. |
| Remarks | | The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. |
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| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
| Firm and Individual name | Townsend and Townsend and Crew LLP Patrick M. Boucher, Reg. No. 44,037 |
| Signature | <i>Patrick M. Boucher</i> |
| Date | 2003 March 14 |

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| Signature | <i>Jennifer Dolan</i> | Date | 3/14/03 |

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